



Healthy Aging in Neighborhoods of Diversity across the Life Span

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The Healthy Journey

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • NATIONAL INSTITUTES OF HEALTH • NATIONAL INSTITUTE ON AGING

HANDLS ACTIVITIES

On March 5, 2005, the North East Community Organization (NECO) invited our Study Manager, Jennifer Norbeck, to present information about HANDLS at their meeting. She gave a brief presentation about the study. Jennifer also met several members of community associations from neighborhoods where recruitment began in the first week of May.

Our Community Coordinator, Bridget Cromwell, and Jennifer Norbeck attended the Mid-Govans Community Association Meeting on March 28, 2005. They provided information about the study and answered questions from members of the association. We are especially grateful to **Baltimore City Council Representative Kenneth N. Harris, Sr.** Representative Harris took time out of his hectic schedule to attend our presentation and to offer his support. Thanks also

to Louise Harris for putting us on the agenda and allowing us to present.

The Govans Area Community Advisory Board meeting was held at Good Samaritan Hospital on Monday, April 25, 2005. Thank you so much to the members who were able to attend. The meeting agenda included the latest version of the HANDLS film featuring

the neighborhoods of Mid-Govans, Belvedere, Chinquapin Park, Cameron Village, and Lake-Walker. Following the film, Dr. Michele Evans, one of our Principal Investigators, presented the background and rationale for the study. Then we heard from Brenda Esprit, our Field Supervisor. Ms. Esprit discussed the screening and enrollment processes. She described what to expect when the field interviewers visit doorsteps in the neighborhood. She also described

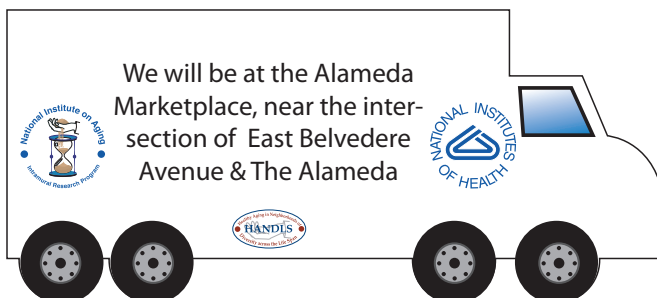
what to expect during the home interview. Patricia Julien-Williams, our nurse practitioner, followed



Intersection of East Belvedere and The Alameda where we will park the Mobile Medical Research Vehicles.

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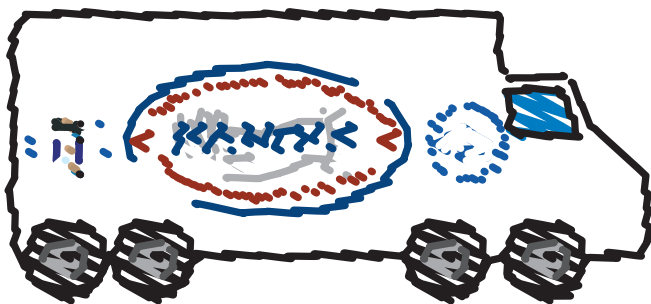
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with a discussion about the visit to the mobile Medical Research Vehicles. She explained how the visit is conducted and what you can expect during the daylong study visit. The presentations were followed by a question and answer session. The HANDLS staff wants to thank the Community Advisory Board members for their interest in the study. Their thoughts about how to improve recruitment and where to park the vehicles were very helpful. We will use this information in planning the study.

Special note. We select at least one Community Advisory Board member from each of the communities where HANDLS will be recruiting participants to attend the meeting. Unfortunately, not all neighborhood representatives attended the Govans area Community Advisory Board meeting on April 25. Therefore, if you were unable to attend the meeting and would like the HANDLS staff to come to your neighborhood community meeting, please call Jennifer Norbeck, our study manager, at 410-558-8622 and she will arrange to have someone attend your local meeting to explain the study and provide further information.

HANDLS would like to thank the following individuals who helped us immensely with contacts and suggestions about how to bring HANDLS to your neighborhood: Linda Janey and Ed Sommerfeldt of the North East Community Organization, Louise Harris of Mid-Govans, Catherine Evans of Belvedere, Jason Canapp and Judy Abromovitz of Lake-Walker, and Jennifer Weiss and Karen Kansler of Good Samaritan Hospital.



FOCUS ON THE HANDLS STAFF

Kamala Foster, MD

Hello everyone. I am happy to have joined the HANDLS team 6 months ago. As one of two physicians, I look forward to performing physicals and gathering data that will help underserved populations in Baltimore. Public health has always been an interest of mine. I am especially interested in the social inequalities affecting the healthcare of minorities in the inner city. I was born in Brooklyn, New York, and I am from Jamaican heritage. I have lived in both places, and I have experienced life in the inner city and in a third world country. The need is great for 21st Century medical approaches to enhance research for underserved populations. HANDLS is undertaking a formidable task of performing clinical research in the neighborhoods of



Kamala Foster, MD

Baltimore with its mobile units. For many years before joining HANDLS, I was a Flight Surgeon (Aviation Medicine Specialist) on Active Duty in the military. My specialty training is in Internal Medicine. I trained at Tripler Army Hospital in Honolulu, Hawaii. My military travels have taken me all over the world, and I have seen and experienced a lot. I was glad to have the opportunity to contribute to the healthcare of our soldiers, their family members, and indigenous people from other countries. As I begin a new era in my practice of medicine, I trust the Lord to allow me to assist humanity in improving health in this area wherever or whenever my services are needed.

HANDLS PARTICIPANTS

Have you moved?? Are you planning to move??

You will notice we have included a change of address card with this newsletter. It is very important to us that we know exactly how to contact our participants. HANDLS is a longitudinal study. We will examine the same participants approximately every 3 years over the next 20 years. Therefore, we ask that you remove the card from the newsletter and put it away so that if you do move, you can send us the postcard and we will know how to reach you. You may also call 1-866-207-8363, press option 7, and we will take your change of address information over the phone. Thank you so much for taking care to let us know how to stay in touch with you.

WHAT'S NEW

We started a new project in HANDLS neighborhoods. Students from the University of Maryland, Baltimore County (UMBC) will be gathering information about your neighborhood. They will be looking at features of your neighborhood. Examples of their work include recording the types of buildings and parks in your neighborhood. The students will also survey grocery stores in and near your neighborhood. We will combine this information with your health data from the medical research vehicles. You may see these students walking around with clipboards or in your local market or grocery store. If you have any questions about this new part of the HANDLS study, please call our toll-free number at 1-866-207-8363 and speak to our study manager (press option 7).

MOVING ON

We have successfully established the MRV trucks in the Cherry Hill neighborhood. Just like our experience in the past two neighborhoods, it has been a pleasure for the HANDLS staff to work in this community. Our goal is to continue to move the HANDLS Medical Research Vehicles to a new location every 3 months. We will move to the Govans neighborhood in Northeast Baltimore in mid-June. We will park the mobile Medical Research Vehicles at the Alameda Marketplace, near the intersections of East Belvedere and The Alameda.

YOU ARE WHAT YOU EAT

Food and water are essential to your health and quality of life. What you eat may determine what health problems you have and even more important how long you may live. Eating whole grains and cereals, low fat milk products, fruits and vegetables, and some low fat meats, chicken, or fish daily, can provide you energy and lower your risk for diseases like heart disease and cancer. We are interested in the foods you eat because they affect your health and risk for disease. People who study nutrition have found that individuals eat different foods during the week. In the HANDLS study, we ask participants to tell us about the foods they eat on two separate days. This helps us get the best estimate of what participants are eating on average.

In future issues of the newsletter we would like to answer your questions about nutrition or about the dietary interview. **We invite you to submit your questions to our toll free hotline by pressing option 9 when you call 1-866-207-8363. Our nutrition researcher, Dr. Marie Kuczmarski, will provide answers to your questions.** She will also offer nutrition tips that may help you in making the best choices of foods to eat.

FOCUS ON HEALTH: HIV/AIDS

In the summer 2002 issue of the *Healthy Journey*, we provided information on HIV/AIDS. At that time, we were not testing for the HIV virus. More recently, we began offering the HIV test to participants in the HANDLS population study. In this newsletter, we will provide a review of the HIV disease process, talk about the HIV test, and discuss how physicians make the diagnosis of AIDS. This information may help answer some questions you may have when considering whether or not to take the HIV test.

Maryland has the 3rd highest rate of AIDS infection in the United States

HIV/AIDS statistics in Maryland

HIV infection and AIDS continue to be major health problems in the state of Maryland. In the United States, Maryland is ranked 19th in total population, but Maryland has the 3rd highest rate of AIDS infection in the United States. Baltimore City has the 5th highest rate of new AIDS cases among U.S. cities.

Baltimore City has the 5th highest rate of new AIDS cases among cities in the United States

Since our last newsletter on the disease at the end of 2003, the Maryland AIDS Administration has reported there were over 4,000 more people with HIV/AIDS in Maryland. At the same time, African Americans are still the predominant group with HIV/AIDS increasing from 80 percent in 2000 to 84 percent in 2004 of the more than 27,000 reported cases. Fifty percent of re-

ported living HIV and AIDS cases in Maryland were residents of Baltimore City.

What is HIV?

H Human – the virus can only infect human beings.

I Immuno-deficiency – the effect of the virus is to cause the body's immune system to fail and not work properly.

V Virus – this is the 'bug' that takes over the human cells in order to reproduce and also destroy cells in the body.

What is AIDS?

A Acquired – this is a condition one gets from contact with the virus – it is not inherited at birth.

I Immune – this is the part of the body that works to fight off germs such as bacteria and viruses.

D Deficiency – because the immune system fails to work properly.

S Syndrome – someone with AIDS will have a wide range of different diseases and infections that may only be associated with the virus.

What is the difference between being HIV positive and AIDS?

HIV positive means infection by a virus. The virus damages the immune system your body uses to fight off diseases. Infection by the *HIV virus* leads to a more serious disease called *AIDS*. AIDS is the last stage of the HIV infection. People with AIDS have an immune system that is so weak they are at risk of getting life-threatening diseases, infections or cancers.

What are your risks?

You can figure out if you are at risk for HIV. Think about anything you are doing now or have done in the past that might have exposed you to HIV.

You are at risk if you:

- Had sex with a man or woman who has had other partners,
- Shared injection drug needles, or had sex with someone who has, or
- Had a blood transfusion before 1985, when HIV testing began, or have had sex with someone who did.

HIV and AIDS aren't the same. HIV is an infection. AIDS is the final stage of the HIV infection.

HIV testing: Why should you be tested?

- By taking the test you can find out whether or not you can infect others.
- You can have your immune system monitored if you are positive.
- If you test negative, you feel less anxious and this can increase your commitment to practice less risky behavior.
- Women and their partners considering pregnancy can take advantage of treatments to prevent passing HIV to their babies.

What are HIV antibody tests?

The HIV test looks for HIV antibodies or proteins in your blood. When the HIV virus gets into the bloodstream, the body fights the virus. To enable the body to fight the virus it creates special proteins called *antibodies*.

If you have antibodies, your test results will be positive. This means you may have the HIV in-

fection. If you do not have antibodies, your test will be negative. This means one of two things: you do not have the HIV infection **or** you have HIV, but your body has not made antibodies yet.

It usually takes up to 3 months after you are exposed to HIV for the body to make HIV antibodies. However, in rare cases, it can take up to 6 months. The time from infection to when antibodies are found in the blood is called the “window period.” It is very important to know when you last were engaged in risky behaviors. You must wait 3 months after a possible exposure to have a test that might show whether you are infected.

Three types of HIV antibody tests

ELISA is usually the first HIV antibody test done. The ELISA test can be done with blood, saliva, or urine but in most cases blood is used. The ELISA test is usually accurate, but there are other disease conditions that will give a positive ELISA test result when the person tested is not infected with the HIV virus. This is called a false positive. For this reason, we must always confirm a positive ELISA with another test called a Western Blot.

Western blot assay is a test done only when the ELISA test is positive. The result of the western blot can be:

- **Positive** – You have HIV antibodies in your blood, you have the HIV virus and can infect others.
- **Negative** – No antibodies were found in your blood at this time. A negative result does not mean that you are not infected because you could still be in the “window period.”
- **Indeterminate** – (this is rare) means that your result is unclear. The HIV test must be repeated with a new blood sample usually after a few weeks.

If I am HIV positive, does it mean I have AIDS?

No, the HIV test only can tell if a person has the virus in their blood. People are diagnosed with AIDS when the immune system is severely damaged and they begin to have get “opportunistic infections.” These infections are called “opportunistic” because they cannot cause diseases in people with normal immune systems. Some examples of opportunistic infections are pneumocystis carinii pneumonia, thrush, and certain rashes. Doctors can also check for AIDS by measuring certain cells in the immune system. When the CD₄ count – usually called the T-cell count – is less than 200, the person is said to have AIDS. An AIDS diagnosis does not mean that the person will die soon. Some people live many years after their diagnoses. However, it is extremely important that people in this stage of HIV disease get adequate care for any condition that may develop.

Treatment and Prevention

There is no cure for HIV/AIDS. But if you become infected, there are drugs that help keep the HIV virus in check and slow the spread of HIV in the body. Doctors are now using a combination of drugs called HAART (*highly active antiretroviral therapy*) to treat HIV/AIDS. Although it is not a cure, HAART is greatly reducing the number of deaths from AIDS in this country.

Prevention. Remember, there are things you can do to keep from getting HIV/AIDS. Practice the steps below to lower your risk:

- If you are having sex, make sure your partner has been tested and is free of HIV. Use male or female condoms (latex or polyurethane) during sexual intercourse.
- Do not share needles or any other equipment used to inject drugs.
- Get tested if you or your partner had a blood transfusion between 1978 and 1985.
- Get tested if you or your partner has had an operation or blood transfusion in a developing country at any time.

Resources and information

Centers for Disease Control and Prevention (CDC)

National AIDS Hotline

1-800-342-AIDS

(operates 24 hours a day, 7 days a week)

1-800-344-7432 for Spanish

1-800-243-7889 (TTY)

www.cdc.gov

CDC National Prevention Information Network
P. O. Box 6003

Rockville, Maryland 20849-6003

1-800-458-5231

1-800-243-7012 (TTY)

www.cdcnpin.org/scripts/index.asp

National Institute of Allergy and Infectious Diseases (NIAID)

Office of Communications
and Public Liaison

6610 Rockledge Drive, MSC 6612

Bethesda, Maryland 20892-6612

301-496-5717

www.niaid.nih.gov

National Institute on Aging Information Center
P.O. Box 8057

Gaithersburg, Maryland 20898-8057

1-800-222-2225

1-800-222-4225 (TTY)

E-mail: niaic@jbs1.com

The Maryland AIDS Administration

500 North Calvert Street, 5th Floor

Baltimore, Maryland 21202

General information: 410-767-5227 or 1-800-358-9001

Business hours: 8:30 am - 5:00 pm EST

Technical problems or site suggestions

send email to: webmaster@dhmh.state.md.us

MD Relay number: 1-800-735-2258

Media inquiries: 410-767-5013

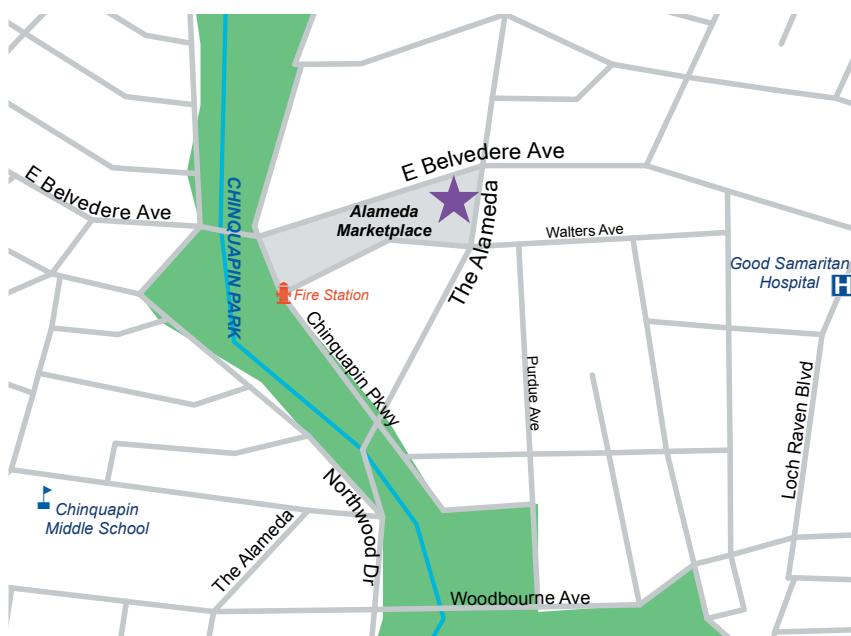
ADDITIONAL HIV/AIDS RESOURCES

Health Department	Telephone #	Type Of Testing Offered*
Baltimore City	410-396-1403	Anonymous or Confidential
Chase Brexton Clinic	410-837-2050	Anonymous or Confidential
Druid Health District STD Clinic	410-396-0176	Confidential
Eastern Health District STD Clinic	410-396-9410	Confidential
Bon Secours (IMANI Center)	410-383-4030	Anonymous or Confidential
Mercy Medical Center - Social Work	410-332-9400	Anonymous or Confidential
HERO	410-685-1180	Anonymous or Confidential
STAR (Sisters Together and Reaching)	410-383-1903	Confidential
Johns Hopkins OB-GYN	410-614-4496	Confidential
Health Care for the Homeless	410-837-5533	Confidential
WAR (Woman Accepting Responsibility)	410-947-0700	Confidential
University of Md. Medical Center - Adolescent & Young Adult Center	410-706-8928	Anonymous or Confidential

***Anonymous** testing means you are the only one who will know your test result. You use a code name or number to get your result. There is no way to trace your name, address or social security number with this code.

Confidential testing means your name is known and your test result is put into your medical record. In general, your result cannot be shared without your permission, but you should ask who has access to your medical record before taking the test.

OUR NEXT MOVE



We will be at the Alameda Marketplace, near the intersection of East Belvedere Avenue and The Alameda.

The Quarterly Newsletter for the HANDLS Community Healthy Aging in Neighborhoods of Diversity across the Life Span

The purpose of this study is to learn about changes in health over time. Using our medical research vehicles, we want to study as many people with different backgrounds as we can. We want this study to help us understand healthy aging by examining the affects of different backgrounds on changes in health over time. The information that we gather will help improve health and prevent disabilities. We want to do this for people from all backgrounds, particularly those in poor and minority communities.

For information about our study call 1-866-207-8363
or visit our website handls.nih.gov



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